

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Akiko	2. Surname (Last Name) Tonouchi	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Kinoshita
5. Manuscript Title Laparoscopic total gastrectomy for gastric cancer with adult intestinal malrotation: a case report		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Tonouchi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Takahiro

2. Surname (Last Name)
Kinoshita

3. Date
22-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laparoscopic total gastrectomy for gastric cancer with adult intestinal malrotation: a case report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kinoshita has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Masahiro	2. Surname (Last Name) Watanabe	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Kinoshita
5. Manuscript Title Laparoscopic total gastrectomy for gastric cancer with adult intestinal malrotation: a case report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Watanabe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shizuki	2. Surname (Last Name) Sugita	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Kinoshita
5. Manuscript Title Laparoscopic total gastrectomy for gastric cancer with adult intestinal malrotation: a case report		
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Dr. Kaito has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Masanori	2. Surname (Last Name) Tokunaga	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Kinoshita
5. Manuscript Title Laparoscopic total gastrectomy for gastric cancer with adult intestinal malrotation: a case report		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Tokunaga has nothing to disclose.

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